FORM D

Washington, D.C. 20549

FORM D

209

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
May 31, 2002

07048973

DATE RECEIVED

| Name of Offering (check if this is a | an amendment and name has changed, and indicate change.) | | | | | | |
|---|---|--|--|--|--|--|--|
| Filing Under (Check box(es) that apply): | Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Sectimendment | ion 4(6) ULOE | | | | | |
| | A. BASIC IDENTIFICATION DATA | | | | | | |
| 1. Enter the information requested about the | issuer | | | | | | |
| Name of Issuer (check if this is an am American Indoor Advertising, Inc. | nendment and name has changed, and indicate change.) | | | | | | |
| Address of Executive Offices 1930 Camden Avenue, Suite 4 | Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Cod | | | | | | |
| Address of Principal Business Operations (if different from Executive Offices) | (Number and Strip RV), pate 23 Gib | Telephone Number (Including Area Code) | | | | | |
| Brief Description of Business Advertising | APR 0 4 2007 | 1 | | | | | |
| Type of Business Organization ☐ corporation ☐ business trust | THOMSON FINANCIAL Ilimited partnership, already formed limited partnership, to be formed | other (please specify:) | | | | | |
| Actual or Estimated Date of Incorporation or Jurisdiction of Incorporation or Organization | : (Enter two-letter U.S. Postal Service Abbreviation for State: | Actual Estimated | | | | | |

GENERAL INSTRUCTONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

| A. BASIC IDENTIFICATION DATA | |
|---|---------------------------------|
| 2. Enter the information requested for the following: | |
| • Each promoter of the issuer, if the issuer has been organized within the past five years; | |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or mesecurities of the issuer. | ore of a class of equity |
| Each executive officer and director of corporate issuers and of corporate general and managing partners of | f partnership issuers; and |
| Each general and managing partner of partnership issuers. | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Winston Jaeb | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1930 Camden Avenue, Suite 4, San Jose, CA 95124 | 7 |
| | General and/or |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| | • |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| · | • |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or |
| | Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary) 2 of 9

| | B. INFORMATION ABOUT OFFERING | | |
|-----|--|----------|---------------------------------------|
| · | | Yes | No |
| 1. | Has the issuer sold, or does the issuer intend to sell; to non-accredited investors in this offering | 🛛 | |
| | Answer also in Appendix, Column 2, if filing under ULOE. | | |
| 2. | What is the minimum investment that will be accepted from any individual? | .\$ 12 | ,500 |
| | | Yes | No |
| 3. | Does the offering permit joint ownership of a single unit? | 🔯 | |
| 4. | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | · · · · · · · · · · · · · · · · · · · |
| | ll Name (Last name first, if individual) | | |
| | ne . siness or Residence Address (Number and Street, City, State, Zip Code) | | |
| | | | |
| Na | me of Associated Broker or Dealer | | |
| | | | |
| | tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| _ | Check "All States" or check individual States) | | All States |
| = | AL AK AZ AR CA CO CT DE DC FL GA | HI | ID) |
| - | IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK | MS OR | MO |
| 1 | RI SC SD TN TX UT VT VA WA WV WI | WY | PA PR |
| | ll Name (Last name first, if individual) | لنت! | |
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| Bu | siness or Residence Address (Number and Street, City, State, Zip Code) | | |
| | me of Associated Broker or Dealer | | |
| | tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | _ |
| | Check "All States" or check individual States) | | |
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| Sta | tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE | OF I | PROCEEDS | , v | | **** |
|-----|---|-------------|-----------------------------|-----|------------|----------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | | | |
| | Type of Security | | Aggregate Offering Price | | A | mount Already Sold |
| | Debt | \$_ | | | \$ | |
| | Equity | \$ _ | 750,000 | _ | \$_ | 175,000 |
| | Common Preferred | | | | | |
| | Convertible Securities (including warrants) | \$_ | | _ | \$_ | : |
| - | Partnership Interests | \$_ | | _ | \$_ | |
| | Other (Specify) | | | _ | \$ | |
| | Total | \$_ | 750,000 | | \$_ | 175,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | · | | | Aggregate |
| | | | Number Investors | | | Oollar Amount of Purchases |
| | Accredited Investors | | 7 | | \$ | 175,000 |
| • | Non-accredited Investors | | 0 | _ | \$ | 00 |
| | Total (for filings under Rule 504 only) | | 7 | _ | \$ | 175,000 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | • | | | | |
| .3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | | | | |
| | Type of Offering | | Type of Security | | Ι | Oollar Amount Sold |
| | Rule 505 | | becarity | | \$ | Bold |
| • | 100 505 | _ | | | ֆ | |
| | Regulation A | _ | | _ | • • | |
| | Rule 504 | _ | common | _ | <u>\$_</u> | |
| | Total · | | | _ | \$_ | 175,000 |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | | ٠ |
| | Transfer Agent's Fees | | [| | \$_ | |
| | Printing and Engraving Costs | | | | \$_ | |
| | Legal Fees | | [2 | 3 | \$_ | 12,000 |
| | Accounting Fees | | | | \$_ | |
| | Engineering Fees | | | | \$_ | |
| | Sales Commissions (specify finders' fees separately) | | | | \$_ | |
| | Other Expenses (identify) | | | | \$_ | |
| - | Total | | | 3 | \$_ | 12,000 |

| | | | | - |
|-------|---|---|---|--|
| | C. OFFERING PR | RICE, NUMBER OF INVESTORS, E | XPENSES AND USE OF | PROCEEDS |
| | b. Enter the difference between the Question 1 and total expenses furn difference is the "adjusted gross proce | hished in response to Part $C - Q$ | uestion 4.a. This | \$ 738,000 |
| | Indicate below the amount of the adjuused for each of the purposes shown estimate and check the box to the left equal the adjusted gross proceeds to the above. | If the amount for any purpose is not of the estimate. The total of the pay | known, furnish an ments listed must | · . |
| | | | Paymen Office Director Affilia | rs, s, & Payments To |
| | Salaries and fees | | | |
| | | | | |
| | Purchase, rental or leasing and inst | | | |
| | and equipment | | S | |
| | Construction or leasing of plant bu | ildings and facilities | 🗆 \$ | \$ |
| | involved in this offering that may | (including the value of securities be used in exchange for the assets on to a merger) | r | S |
| | Repayment of indebtedness | | | ∑ \$ <u>88,000</u> |
| | Working capital | | 🔲 \$ | ⊠ \$ <u>650,000</u> |
| | Other (specify) | | \$ | |
| | | | | |
| | | | \$ | □ \$ |
| | | ` | | <u> </u> |
| | Total Payments Listed (column tot | als added) | | \$ 650,000 |
| | | , | _ | ************************************** |
| | | D. FEDERAL SIGNAT | URE | |
| ollov | ssuer has duly caused this notice to be ving signature constitutes an undertak staff, the information furnished by the | ing by the issuer to furnish to the U.S | S. Securities and Exchar | nge Commission, upon written requ |
| | (Print or Type) | Signature | | Date Novembr 21, 2006 |
| | rican Indoor Advertising, Inc. | 1 NATWO | | Novembr 21, 2006 |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | i | (E. STATE SIGNATORE | | |
|----|---|---|--|------------|
| 1. | • • • | presently subject to any of the disqualificat | · · · · · · · · · · · · · · · · · · · | s No ⊠ |
| | | See Appendix, Column 5, for state respon | ise. | |
| 2. | The undersigned issuer hereby undertak Form D (17 CFR 239.500) at such times | es to furnish to any state administrator of as required by state law. | any state in which this notice is filed a | notice on |
| 3. | The undersigned issuer hereby undertak issuer to offerees. | es to furnish to the state administrators, u | pon written request, information furnish | ed by the |
| 4. | limited Offering Exemption (ULOE) of t | he issuer is familiar with the conditions the he state in which this notice is filed and und hing that these conditions have been satisfied | lerstands that the issuer claiming the available | |
| | e issuer has read this notification and knowlersigned duly authorized person. | ws the contents to be true and has duly ca | used this notice to be signed on its beh | alf by the |
| | ner (Print or Type) nerican Indoor Advertising, Inc. | Signature Salah | Date November 21, 20 | 06 |
| Na | me (Print or Type) | Title (Print or Type) | | |

President

Instruction:

Winston Jaeb

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | | - | | _ |
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| A | P | P | F. | N | Đ | IX |

| | | | | | | - | | T | | |
|-------|----------------------------------|--|--|--|--------|--|---------|--|----|--|
| 1 | Intend to non-a- investors | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
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APPENDIX

3

| 1 | , | 2 | 3 · | | | 4 | | | 5 ification ite ULOE |
|-------|----------|--|--|--------------------------------------|--|------------------------------------|--------|-----|----------------------------|
| | to non-a | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
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| | | Maria de la companya | •_• | APPE | NDIX. | | | . # | | |
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| 1 | | 2 | 3 . | | | 4 | | | 5 | |
| ; | to non-a | to sell accredited es in State s-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| WY | | | | | | | | | | |
| PR | | | ···· | <u> </u> | | | | | | |